

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL043028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2015
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY CARE III		STREET ADDRESS, CITY, STATE, ZIP CODE 34 SHALLOW FORD ST CAMERON, NC 28326		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on November 20, 2015 from 12:30pm until 2:30pm at the above referenced facility. DHSR records indicate the home was first licensed on October,30 2013 as Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) Based on this information, we are requiring the home to maintain compliance with the following; the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 Edition of the North Carolina State Building Code - Section 425.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations revealed missing siding on the rear of the facility. Have a qualified technician replace the missing vinyl siding. Provide photo documentation and receipts to the DHSR Construction section.	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 174	Continued From page 1 2. Observations revealed that the rear exterior steps are missing a grab bar against the facility wall. Have a qualified technician install a grab bar. Provide photo documentation and any receipts to the DHSR Construction Section. 3. Observations revealed that a crawl space vent is missing on the rear of the facility. Have a qualified technician replace the missing crawl space vent. Provide photo documentation to the DHSR Construction Section.	C 174		